(Renewal)

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JAN 17 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000913

1. Entity Name
Mujeres en Accion, Inc.

DO NOT WRITE IN THIS SPACE

200004782462--6
-01/17/02--01067--004
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1103 Winter Springs Blvd Suite, Apt. #, etc.	1103 Winter Springs Blvd Suite, Apt. #, etc.
City & State: Winter Springs, FL	City & State: Winter Springs
Zip: 32708 Country: USA	Zip: 32708 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Gladys Castelaira

Street Address (P.O. Box Number is Not Acceptable): 1103 Winter Springs Blvd.

City: Winter Springs FL Zip Code: 32708

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	Director / President
NAME	Nancy C. Acevedo
STREET ADDRESS	1103 Winter Springs Blvd
CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	Director, Vice-President
NAME	Gloria Perez
STREET ADDRESS	12408 Graco Drive
CITY-ST-ZIP	Orlando, FL. 32834
TITLE	Director, Secretary
NAME	Edda Velazquez
STREET ADDRESS	340 Marjorie Blvd.
CITY-ST-ZIP	Longwood, FL. 32750
TITLE	Director, Treasurer
NAME	Gladys Florez
STREET ADDRESS	698 Davison, SE.
CITY-ST-ZIP	Palm Bay, FL. 32909
TITLE	Director
NAME	Alba Perez
STREET ADDRESS	4700 Heathside Drive
CITY-ST-ZIP	Orlando, FL. 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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To Be Imaged

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy C. Acevedo / Nancy C. Acevedo 1/11/02 407/323-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/17/02